

<b>Document title:</b>	<b>EQUALITY, INCLUSION &amp; HUMAN RIGHT POLICY</b>		
<b>Document reference number:</b>	CP24	<b>Version number:</b>	sV 2.0
<b>Document type:</b> (Policy/ Guideline/ SOP)	Policy	<b>To be followed by:</b> (Target Staff)	All staff
<b>Author:</b>	Gary Brisco, EPUT Equality Advisor		
<b>Approval group/ committee(s):</b>	Equality and Inclusion Committee (EPUT), Staff Network representatives	23 October 2024	
<b>Professionally approved by:</b> (Director)	Paul Taylor, Director of Organisational Development and Culture		
<b>Executive Director:</b>	Andrew McMenemy, Chief People Officer		
<b>Ratification group(s):</b>	Policy Oversight and Ratification Group (PORG)	11 December 2024	
<b>CQC Quality Statement</b>	Responsive 5 – Equity in Access Responsive 6 – Equity in Experiences and Outcomes Responsive 7 – Planning for the Future Safe 6 – Safe and Effective Staffing Well-led 4 – Workforce Equality, Diversity & Inclusion		
<b>Key word(s) to search for document on Intranet / TAGs:</b>	Equality, Inclusion, Human Rights, Sexual Harassment, Harassment, EDI	<b>Distribution method:</b>	<input checked="" type="checkbox"/> Intranet

<b>Initial issue date:</b>	01 April 2017	<b>Last Review date:</b>	11 December 2024	<b>Next Review date:</b>	01 February 2027	<b>Expiry Date:</b>	01 April 2027
----------------------------	---------------	--------------------------	------------------	--------------------------	------------------	---------------------	---------------

**Controlled Document**

*Copyright Essex Partnership University NHS Foundation Trust [01 April 2017 –13 August 2025]. All rights reserved. Not to be reproduced in whole or in part without the permission of Essex Partnership University NHS Foundation Trust.*

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
--

<b>Related Trust documents (to be read in conjunction with)</b>
---

- Dignity Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)
- Complaints Policy (CP2)
- Raising Concerns (Whistleblowing) Policy (CP53)
- Data Protection and Confidentiality Policy (CP59)
- Leave Policy (HR24)
- Employee Well-being, Sickness & Ill-Health Policy (HR26)
- Recruitment and Retention Procedure and Policy (HR57)

<b>Document review history:</b>			
Version No:	Authored/Reviewer:	Summary of amendments/ record documents superseded by:	Issue date:
1	Carla Fourie	Initial Version	01 April 2017
2	Gary Brisco	Updated to reflect new terms and guidance for marginalised groups	01 December 2020
2.1	Gary Brisco	Reformatted to new template.	30 November 2023
3.0	Gary Brisco	Updated to include new national legislation (including NHS EDI Improvement Plan 2023-2025)  New terms and updated guidance in line with EPUT People and Culture strategy and Behavioural Framework  Additional Guidance on supporting staff and service users against discrimination or potential inequalities.  Equality Impact Assessment simplified for ease of use and streamlined approval process	01 April 2024
3.1	Gary Brisco	Additional information and guidance in line with <a href="#">Worker Protection (Amendment of Equality Act 2010) Act 2023</a>	26 October 2024
sV1.0	Policy Team	Uploaded to SOPHIA document library	17 March 2025
sV 2.0	Gary Brisco	New Version of Appendix 1	27 August 2025
			Date

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
--

**Contents**

Policy at a Glance.....	4
<b>1</b> Introduction.....	<b>5</b>
<b>2</b> Principles.....	<b>5</b>
<b>3</b> Benefits of Equality & Inclusion.....	<b>7</b>
<b>4</b> Scope.....	<b>8</b>
<b>5</b> Definitions / Glossary.....	<b>8</b>
<b>6</b> Key Legislation.....	<b>12</b>
<b>7</b> Duties.....	<b>14</b>
<b>8</b> Preventing Discrimination against Staff and Service Users.....	<b>17</b>
<b>9</b> Sexual Harassment.....	<b>20</b>
<b>10</b> Equality Systems and Processes.....	<b>22</b>
<b>11</b> Training requirements.....	<b>25</b>
<b>12</b> Monitoring and audit.....	<b>26</b>
<b>13</b> Equality Impact Assessment (EIA).....	<b>27</b>
<b>14</b> Staff Equality Networks.....	<b>28</b>
<b>15</b> Approval and implementation.....	<b>29</b>
<b>16</b> Preliminary equality analysis.....	<b>29</b>
<b>17</b> References.....	<b>30</b>
Appendix 1: Equality Impact Assessment.....	31
Appendix 2: Initial Equality Impact Assessment analysis.....	32

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**Policy at a Glance**

[Saved as a separate form for ease of printing. Click HERE to open](#)

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

### 1 Introduction

- 1.1 The purpose of this policy is to ensure that all practices within Essex Partnership University NHS Foundation Trust (EPUT) are carried out in a fair, reasonable and consistent manner.
- 1.2 The policy introduces the Trust's Principles in relation to ensuring equality in employment practices, service provision and respecting diversity among staff, service users and carers.
- 1.3 This policy is at the heart of enabling the Trust to deliver its core values. Through the implementation of this policy will ensure that commitment to fairness and equality is evident in every department and at every level throughout the Trust and that everyone has equal access to opportunities, fair treatment and freedom from discrimination within EPUT, regardless of background or personal characteristics.
- 1.4 The Trust recognises the importance of this policy in both the employment relationship and service provision, and will reflect these commitments in all Trust policies. The basis for employment, assessment of performance, advancement and training will be objective criteria only (e.g. ability, qualification and skills).

### 2 Principles

- 2.1 The Trust is committed to providing a service that promotes equality, inclusion and human rights and does not discriminate against any Trust workers, potential Trust workers, service users, relatives, carers or anyone that interacts with the Trust in any way.
- 2.2 The Trust is committed to providing a service that promotes zero-tolerance to sexual harassment, sexual misconduct or sexually inappropriate behaviour against any Trust workers, potential Trust workers, service users, relatives, carers or anyone that interacts with the Trust in any way.
- 2.3 We as a Trust have a legal duty to proactively prevent harassment of workers in the course of their employment. This preventative duty (Section 9, Worker Protection Act 2023 and Sexual Harassment) only applies to sexual harassment. It does not cover harassment related to a protected characteristic (including sex), nor does it apply to less favourable treatment for rejecting or submitting to unwanted conduct. However, these types of harassment are unlawful and employers should take steps to prevent all types of harassment at work.
- 2.4 The Trust will promote equality and embed an anti-discriminatory approach into all areas of its work. It will ensure that barriers to accessing services and employment are identified and removed, and that no person is treated less favourably on the grounds of the protected characteristics under the Equality Act 2010; race or heritage, religion or belief, age, biological or anatomical sex, marital or civil partnership status, gender reassignment or identity, disability, mental health or long-term condition, sexual

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

orientation or pregnancy and maternity status. This also applies to those with caring responsibilities and other identified marginalised communities (including veterans).

- 2.5** Trust staff have the right to be treated in a fair, reasonable and consistent way with dignity and respect and without the fear of discrimination, harassment or victimisation. Trust staff have the right to be protected against discriminatory and violent behaviour from service users, their families and carers.
- 2.6** Service users, their families and carers have the right to be treated in a fair, reasonable and consistent way with dignity and respect and without the fear of discrimination, harassment or victimisation.
- 2.7** Anyone that interacts with the Trust, including partners and stakeholders will receive inclusive treatment whether they are receiving a service, providing a service, tendering for a contract or any other relationship.
- 2.8** The Trust will uphold the human rights of all service users, carers and staff and anyone else with a relationship to the Trust. These include practices that reflect the principles of the right to a fair trial, respect for private and family life and freedom of thought, conscience and religion. Any restriction placed on the rights of service users, for example those detained under the **Mental Health Act (1983)** or subject to the **Mental Capacity Act (2005)**, will be considered and proportionate. The 'least restrictive principle' will always be applied.
- 2.9** The Trust is committed to the ongoing development of staff awareness of equality, inclusion, and human rights issues throughout an individual's relationship with the Trust.
- 2.10** The Trust is committed to monitoring, evaluating and reporting on issues of and inclusion in services, carers and the workforce.
- 2.11** The Trust will continually review best practice standards of equality & inclusion under the **Equality Act (2010) and the Human Rights Act (1998)**.
- 2.12** The Trust will work to reduce health inequalities for service users and carers accessing our services and in the communities we serve.
- 2.13** Service users and carers should be collaboratively involved in the development of new policies, services and the monitoring of progress to achieve actions plans, where appropriate. The input of marginalised communities should be sought to ensure inclusive development.
- 2.14** Trust employees will receive equitable treatment in all relevant aspects of the employment relationship.
- 2.15** The Trust will aim to ensure that there are no barriers to opportunity within the Trust for people potentially at a disadvantage e.g. providing reasonable adjustments that will allow persons with a disability to carry out their duties or receive an equitable service or implementing targeted recruitment programs at marginalised communities.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

- 2.16** Everyone has the right to seek redress of any perceived injustice. This will ordinarily be through **the Dignity, Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)** for Trust workers or the **Complaints Policy (CP2)** for service users or any other non-Trust workers.
- 2.17** EPUT's People and Education Strategy is aligned with the Trust's strategic vision, values and objectives, with everyone taking an active role to reduce inequalities, respecting one another and building an open and equitable culture within our organisation that celebrates diversity.
- 2.18** This strategy is owned by the EPUT Equality and Inclusion Committee (EIC). The EIC drive and monitor progress, reporting to the People Equality and Culture Committee (PECC). This plan is aligned to the EDI Framework developed in partnership with the Mid and South Essex Integrated Care System EDI Sub-Group and is influenced by the implementation of the NHS EDI Improvement Plan (2023) actions.

### 3 Benefits of Equality & Inclusion

- 3.1** The Trust recognises the benefits that will arise from implementation of the Equality, Inclusion and Human Rights Policy:
- Flexible provision of service that will meet individual service users' and carers' needs and will ensure a high level of satisfaction with services.
  - Employing staff from diverse backgrounds will allow for a better understanding of the needs of all service users and carers, and will create a diverse workforce that reflects the wider community.
  - Employing a diverse workforce will provide greater flexibility within working practices.
  - Valuing staff and ensuring they have been treated fairly and that their protected characteristics are considered when making decisions will improve morale, motivation, physical and mental health and job satisfaction, and reduces staff turnover.
- 3.2** With these principles, EPUT as an organisation that respects its workforce's diversity and human rights should:
- Not tolerate any form of abuse, discrimination, bullying or harassment
  - Treat each person as an individual and respect their culture and diversity
  - Not tolerate any form of abuse, discrimination, bullying or harassment
  - Treat people equally and equitably and address potential discrimination within the organisation
  - Ensure staff are able to provide positive or negative feedback without fear of retribution, and that mechanisms to do this are accessible to all.
  - Ensure measures are in place to support and debrief staff who have experienced bullying, harassment or abuse motivated by discrimination.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**3.3** With these principles, EPUT as an organisation that respects the diversity and human rights of the people accessing our services should:

- Not tolerate any form of abuse, discrimination, bullying or harassment
- Treat each person as an individual by offering person-centred care
- Enable people to maintain the maximum possible level of independence, choice and control in line with their protected characteristics, culture and identity.
- Listen and support people to express their needs and wants
- Respect people's right to privacy
- Strive for inclusivity and make sure this is reflected in their care, and ensure that those from marginalised or minority groups are not discriminated against
- Ensure people feel able to provide positive or negative feedback without fear of retribution, and that mechanisms to do this are accessible to all
- Engage with family members and carers as care partners
- Assist people to maintain confidence and positive self-esteem as part of their care

## 4 Scope

- 4.1** This policy applies to substantive and fixed term contract staff, and all Agency and Bank Workers who work for this organisation.
- 4.2** The policy also applies to service users, their families and carers, throughout their relationship with the Trust.
- 4.3** This is not an exhaustive list. The policy applies to anyone that has dealings with the Trust.
- 4.4** This policy applies to the conduct and contributions of EPUT staff with our regional and national NHS partners in other provider organisations.

## 5 Definitions / Glossary

### 5.1 PROTECTED CHARACTERISTICS

The Equality Act (2010) states that the following characteristics should not be discriminated against:

- Race
- Sex
- Disability
- Age
- Sexual orientation
- Gender reassignment
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
--

**5.2** Additional marginalised communities that may be recognised as protected characteristics include but are not limited to:

- A person's medical status (for example a person who is or is suspected of testing positive for a medical condition).
- Unhoused people
- Travelling communities
- Veterans
- Those with dietary requirements (including allergies, intolerances, faith or belief based diets including vegetarianism and veganism).

Term	Definition / Meaning
<b>Protected Characteristic</b>	Characteristics that cannot be discriminated against in a public organisation, specifically listed under the Equality Act (2010)
<b>Direct Discrimination</b>	Treating someone with a protected characteristic less favourably than others.
<b>Indirect discrimination</b>	Use this section to describe any specialist terms or acronyms that appear within the policy document - just type over this text.
<b>Discrimination by association</b>	When a person is treated less favourably because they are linked or associated with a protected characteristic.
<b>Discrimination by perception</b>	When a person is discriminated against because they are thought to have a particular protected characteristic when in fact they do not.
<b>Victimisation</b>	Occurs when a person or group is treated less favourably because they have: brought proceedings in relation to this policy; or provided information in support of a third party claim in relation to this policy; or made an allegation that a breach of this policy has taken place. See <b>Whistleblowing (CP53)</b>
<b>Bullying</b>	Bullying is similar to harassment in terms of it being a violation of dignity, often bullying is described as a form of harassment. However, Bullying is usually a series of acts over a period of time i.e. Bullying is persistent behaviour, directed against an individual, which is offensive, intimidating, malicious or insulting, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient. Bullying is largely identified not by what has actually been done but rather by the effect it has on its target. Definition from <b>Dignity, Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)</b>
<b>Harassment</b>	Harassment is the violation of dignity or creation of an offensive environment directed at one person or many people: an unwanted behaviour, which a person finds intimidating, upsetting, embarrassing or humiliating. Harassment is largely subjective the individual will decide on whether they feel conduct is either acceptable or offensive i.e. it is not the intention of the perpetrator that is key in deciding whether harassment has occurred. Harassment may take the form of a single act or a series of acts over a period of time. Definition from <b>Dignity, Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)</b>

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
--

<b>Term</b>	<b>Definition / Meaning</b>
<b>Sexual Harassment</b>	Unwanted verbal, non-verbal or physical conduct of a sexual nature, which has the purpose or effect of violating the recipient's dignity, or of creating an intimidating, hostile, degrading, humiliating or offensive environment for the recipient.
<b>Vicarious Liability</b>	Means that the Trust can be held responsible for the discriminatory actions of its workers, even if they are carried out without the Trust's knowledge or approval, if due care is not provided in upholding this policy within working practices and raising staff awareness of the Trust's position on equality, inclusion and human rights.
<b>Marginalised Group / Community</b>	Groups of people within a given culture, context and history at risk of being subjected to discrimination or unequitable treatment due to the interplay of different personal characteristics or grounds, such as sex, gender, age, ethnicity, religion or belief, health status, disability, sexual orientation, gender identity, education or income, or living in various geographic localities. Marginalised groups experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions.
<b>Minority Group / Community</b>	An alternate term for marginalised group / community.
<b>Unconscious Bias</b>	Unconscious bias refers to discrimination that takes place unknowingly, and can happen inadvertently when protected characteristics are not considered. It is a bias that occurs when making quick judgments and assessments of people and situations, influenced by our background, cultural environment and personal experiences.
<b>Micro and Macro Aggressions</b>	A macro-aggression is an overt act of aggression or discrimination against someone based on their protected characteristics. A micro-aggression is an intentional or unintentional verbal, behavioural or environmental action that communicates hostile, derogatory or prejudicial attitudes towards a minority or culturally marginalised group.
<b>Third party harassment</b>	Harassment of an employee related to a protected characteristic under the <b>Equality Act 2010</b> (other than marriage and civil partnership, and pregnancy and maternity) by third parties, for example service users or customers.
<b>Reasonable adjustments</b>	Where someone meets the definition of a disabled person in the <b>Equality Act 2010</b> , employers are legally required to make reasonable adjustments to any elements of the role which may place a disabled person at a substantial disadvantage compared to non-disabled people. Where limits in finance or implementation go beyond "reasonable", it is best practice to explain the limitations faced and develop an alternative solution.
<b>Intersectionality</b>	The connection of various forms of discrimination centred on race, gender, class, disability, sexuality, and other forms of identity. Intersectionality referring to how these interact to produce particularized forms of discrimination and disadvantage.

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
--

Term	Definition / Meaning
<b>Racism</b>	When a person is treated worse, excluded, disadvantaged, harassed, bullied, humiliated or degraded because of their race or ethnicity, including their perceived race or ethnicity.
<b>BME</b>	An abbreviation for “Black, Asian and minority ethnicity”. This term is commonly used to refer to communities of people from marginalised ethnicity groups.  <b>NB:</b> Whilst “BME” is used when referring to large groups of people, it should be avoided when discussing individuals, care should be taken to refer to a person’s actual ethnicity where possible instead of using “catch all” terms.
<b>LGBTQ+</b>	An abbreviation for “Lesbian, Gay, Bi, Trans and any other sexual orientation or gender identity.”  <b>NB:</b> “LGBTQ+” is commonly used when referring to large groups of people and should be avoided when discussing individuals, care should be taken to refer to a person’s sexual orientation or gender identity where possible instead of using “catch all” terms.
<b>Disability</b>	Disability (or being disabled) under the <b>Equality Act 2010</b> is a physical or mental impairment that has a substantial and long-term negative effect on someone’s ability to do normal daily activities:  <ul style="list-style-type: none"> <li>• Substantial: More than minor or trivial (i.e. Taking much longer than it usually would to complete a daily task like getting dressed).</li> <li>• Long-term: means twelve months or more (i.e. A breathing condition that develops as a result of a lung infection)</li> </ul>
<b>Transgender</b>	Denoting or relating to a person whose gender identity does not correspond with the sex assigned to them at birth (“cisgender”). Gender identity is separate from sexual or romantic orientation.
<b>Non-Binary</b>	Non-binary people may identify as an intermediate or separate third gender, identify with more than one gender, no gender, or have a fluctuating gender identity. Gender identity is separate from sexual or romantic orientation.

### 5.3 ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard aims to ensure that people who have a disability or sensory loss receive information that they can access and understand, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter. The Accessible Information Standard recommends a specific and consistent approach towards identifying, recording, flagging, sharing and meeting information and communication needs of service users, carers and friends or family members of service users that relate to disability. Promotional materials to share this with staff and service users are available within the Trust, and should be displayed at all sites.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

- 5.4** Compliance with the Accessible Information Act is the responsibility of all staff, with information on the Trust intranet to help staff record and understand the communication needs of service-users. Support is available from the Communications Team for requesting and developing accessible versions of Trust documents, as well as accessing interpreters for multilingual versions or translation to requested formats.

## 6 Key Legislation

### 6.1 THE EQUALITY ACT (2010)

As a public sector organisation, EPUT has a statutory duty to ensure that equality, inclusion and human rights are embedded into all its functions and activities as required by the Equality Act (2010), the Human Rights Act (1998) and the NHS Constitution.

- 6.2** The Equality Act (2010) replaces all previous equality legislation, such as the Race Relations Act (1965), the Disability Discrimination Act (1995), the Sex / Gender Discrimination Act (1975), Religion and Belief Regulations (2003) and Sexual Orientation Regulations (2003).

- 6.3** This act is a key part of the legal framework that underpins the way the Trust provides its services and supports its staff. The act includes the legal definitions for discrimination, disability and reasonable adjustments.

- 6.4** Whilst the Equality Act (2010) covers nine protected characteristic groups, we as an organisation acknowledge marginalised communities outside of these (those that may receive less support or may be stigmatised or discriminated against in society). EPUT also acknowledges intersectionality and the impact that this may have on someone who is part of multiple marginalised communities.

### 6.5 As part of the Worker Protection Act (an Amendment of the Equality Act) 2023.

This Act makes three types of harassment unlawful. These are:

- Harassment related to a “relevant protected characteristic”
- Sexual Harassment (addressed further in *Section 9*)
- Less favourable treatment of a worker because they submit to, or reject, sexual harassment or harassment related to sex or gender assignment.

### 6.6 “Relevant protected characteristics” in relation to 5.3 are:

- Age
- Disability
- Gender reassignment
- Race
- Religion or belief
- Sex
- Sexual orientation

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**6.7** Unlike other forms of discrimination, pregnancy and maternity and marriage and civil partnership are not protected under the harassment provisions under the Equality Act (2010) and additional Worker Protection Act (2023). However, harassing someone because of pregnancy or maternity would be harassment related to sex.

**6.8** Under the above Acts, It is unlawful for an employer to harass a worker, or anyone who has applied to them for employment. It is also unlawful if an employer fails to take reasonable steps to prevent sexual harassment of workers.

### **6.9 PUBLIC SECTOR EQUALITY DUTIES (PSED)**

**The Equality Act (2010)** places a Public Sector Equality Duty on all public authorities in the form of General and Specific Duties.

#### **6.10 General duties:**

- Eliminate discrimination.
- Promote and advance equality of opportunity.
- Foster good relations between protected characteristics.

#### **6.11 Specific duties:**

- Report on the progress on meeting those objectives, using the Equality and Diversity System (EDS) framework
- Publish our equality objectives and an annual progress report on those objectives. This includes collecting, analysing and publishing workforce equality data and service user equality data.
- Gather and analyse this data to improve equality and inclusion outcomes
- Consult with and involve service users and carers
- Pay due regard to the personal protected characteristics of our workforce and ensure equitable treatment is in place for those from marginalised groups.
- Review the Trust's approach every four years

**6.12 The Public Sector Equality Duty (as part of the Equality Act 2010)** requires that the Trust, in the exercise of its functions, pays due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the **Equality Act (2010)**.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

### **6.13 THE HUMAN RIGHTS ACT (1998)**

The **Human Rights Act (1998)** brought the European Convention on Human Rights (ECHR) into UK law. As a result, key human rights applicable for healthcare include:

- **Article 2, the right to life:** This has implications for treatment decision-making and providing access to services and places a positive obligation on the government and public bodies, to preserve life.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

- **Article 3, the right not to be tortured or treated in an inhuman or degrading way:** This protects service users over poor conditions, lack of regard to dignity, neglect or abusive treatment, excessive force and treatment without consent.
- **Article 5, the right to liberty and security of person:** This article has led to the Deprivation of Liberty Safeguards amendment to the **Mental Capacity Act (2005)**
- **Article 8, the right to respect for private and family life, home and correspondence:** This protects service users over issues of consent, privacy and access to records, ensures that people are involved in decisions made about their treatment and care and that there is respect for diverse families and access to family visits;
- **Article 14, the right not to be discriminated against in the enjoyment of other human rights:** This means we must not deny treatment solely based on a person's protected characteristics, and should provide services that are equal and inclusive of all.

## 7 Duties

### 7.1 Essex Partnership University NHS Foundation Trust

EPUT has a legal and moral responsibility for ensuring equality of opportunity, respect for diversity and inclusion of marginalised groups. As well as protection from discrimination and harassment,

**7.2 The Chief Executive Officer** has overall responsibility for the effective operation of EPUT's implementation and delivery of equality, diversity and inclusion, as well as ensuring compliance with the PSED and **Equality Act 2010**.

**7.3 The Trust Board and Executive Directors** have primary legal and moral responsibility for ensuring that it and its employees, systems and practices are free from discrimination or harassment. It should not merely seek to avoid such discrimination, but should develop positive policies & practices and strong governance arrangements to monitor and promote inclusive behaviours. This is in line with the PSED.

**7.4 The Senior Responsible Officer (SRO) for Inclusion** has overall responsibility for chairing the Equality and Inclusion Committee and monitoring of EDI workstreams and priorities.

**7.5 All managers** will be responsible for ensuring that principles of equality, inclusion and human rights are understood and applied within their areas of responsibility. All managers will be responsible for ensuring their employees are free from discrimination and harassment.

**7.6 All staff** should have an inclusion discussion with their manager as part of their appraisal to ensure that any personal and individual needs are being met and to

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
--

support them in attending Staff Equality Networks or identifying training and learning opportunities as part of the Trust's commitment to Equality and Inclusion.

- 7.7 It is the responsibility of all staff** to challenge discriminatory comments within the organisation, and to inform their line manager or Employee Relations team if they suspect that discrimination, harassment or victimisation is taking place within the Trust. The Freedom to Speak up Guardian and Employee Experience Team is able to provide support.
- 7.8 All Staff** have a responsibility for ensuring that any allegations of discrimination, harassment or victimisation are fully reported and to ensure appropriate action is taken in line with EPUT Policy in the same way as any other anti-social behaviour. This includes (but is not limited to) racism, ableism, misogyny, misandry, homophobia, biphobia and transphobia. This includes any other discrimination, sexual harassment or negative treatment based on a protected characteristics (or perception of being from a marginalised community).
- 7.9** Incidents of discriminatory bullying, abuse or any form of harassment should be reported to a line manager and steps should be taken by the manager to cease this behaviour and to support those affected.
- 7.10** Any employee discriminated against, experiencing harassment or victimised can raise this with the Trust resources below:
- A senior member of staff within their team (manager, supervisor, head of services)
  - An Employee Experience Manager
  - The Employee Relations team
  - EPUT's Freedom to Speak up Guardians (confidential)
  - Their Trade Union (if applicable)
- 7.11** Every employee has a duty to comply with this policy and Equality and Inclusion legislation and should be aware of their responsibilities, the basic legislative framework and how they can be involved in these projects.
- 7.12** All EPUT Employees are expected to challenge discriminatory behaviour when witnessing it. Colleagues should consider speaking up and giving feedback to other colleagues and service users alike to:
- Challenge discriminatory comments, behaviour, assault and / or abuse.
  - To report any incidents of sexual harassment (Section 9), or potential risks of sexual harassment.
  - Remind others that this is not acceptable when they see it and against the Trust's policy, procedure and ethos.
  - Encourage staff to report and raise any incidents, as well as supporting those affected or witnessing this discriminatory behaviour.
  - Support teams to challenge any service user, carer or member of the public that exhibits bullying, abuse, harassment or any other behaviour motivated by discrimination.
  - Thorough records should be kept of this behaviour, as well as measures taken to challenge or mitigate it.

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
--

- Discussions on challenging service users, carers or members of the public at a later date should be held if challenging presents a risk to staff safety or wellbeing.

**7.13** When challenging, ensure feedback is communicated clearly and is supportive and respectful. Staff should use the following examples below for guidance:

- In the first instance dependent on the incident, staff should make the other person aware that they are making a discriminatory comment, or behaving in a discriminatory fashion.
- A manager or senior manager should be made aware when staff witness discriminatory language or discriminatory abuse, bullying or harassment.
- If an incident is raised with the manager or supervisor, they should ensure that they have spoken to the person affected and offer support and interventions to promote their wellbeing. This should also be offered to the wider team due to the negative impact of witnessing discrimination.
- Staff may also report incidents formally if they do not feel they can raise them with their manager through appropriate Trust channels, including those listed in **section 7.11**.

**7.14** Staff should complete a DATIX incident reporting form when they have experienced discriminatory behaviour, bullying or harassment. This ensures that their wellbeing is supported and that a clear incident log is established for investigation and intervention. The manager or supervisor should offer support and an opportunity to debrief when a team has experienced discriminatory behaviour, abuse, bullying or harassment.

**7.15** All operational leads and team managers will be responsible for ensuring an Equality Impact Assessment (Appendix 1) is completed when a new Trust policy, service or function is developed within their services.

**7.16 Managers** should facilitate and resolve issues raised by the families and carers of Service Users in an open and approachable manner.

**7.17 Operational managers** should deal with equality and inclusion issues raised by families and carers of service users in an open, transparent and approachable manner. Service users and carers with a concern should use the Patient Advice and Liaison Service (PALS) or Complaints Procedures.

**7.18 Trade Unions / Professional Associations**

Trade Unions and Professional Associations have an important role to play in working in partnership with the Trust to prevent discrimination and victimisation and to promote equality and inclusion. They must seek to ensure that their members are treated with dignity and respect, at all times.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

### 8 Preventing Discrimination against Staff and Service Users

- 8.1** All managers have a responsibility to ensure that a DATIX Incident Report is completed when a staff member or service user experiences discriminatory language or behaviour from a Staff Member or Service User.
- 8.2** Whilst guidance has been provided throughout this document, staff, managers and operational leads should be aware that inclusive practice involves collaborative engagement. Agreeing with the person on how they would like to be treated, the terms they would like to use and adjustments they require in the workplace.
- 8.3 Supporting those experiencing racism or racially motivated behaviour**  
 EPUT is an Anti-Racist Trust, and care should be taken within the organisation at all levels to appropriately challenge racism and discrimination related to a person's culture, heritage or race:
- EPUT will be transparent with publishing data in relation to the experiences of our Black, Asian and minority ethnicity (BME) workforce and service users, such as the Workforce Race Equality Standard (WRES) and PSED reporting.
  - EPUT empowers all staff to challenge those behaving in a discriminatory fashion, and information should be visible to staff and service users in a care setting that clearly states we as an organisation do not tolerate this behaviour.
  - EPUT will ensure that a volunteer Inclusion Ambassador will be involved in employee relations investigations concerning BME staff within the organisation.
  - EPUT will ensure that tools and training are provided to reduce and remove potential bias from our shortlisting and recruitment processes.
  - EPUT will work collaboratively with the Ethnic Minority and Race Equality Network to drive positive changes within the Trust.
  - EPUT will also work alongside our Integrated Care Board partners to ensure that we implement improvements within our organisation with a view of reducing and mitigating racism and race-motivated bias or discrimination.
- 8.4** In instances where a service user, carer or relative requests that they do not receive treatment or service from a member staff in our services due to their race, heritage or ethnicity, this will be refused. This will be challenged appropriately on the grounds that we do not allow those accessing our services to discriminate against staff members under these grounds, and that racially motivated abuse, discrimination, bullying or harassment is unacceptable in the Trust.
- 8.5** In instances where a service user, carer or relative requests that they do not receive treatment or service from a member of staff in our services due to any protected characteristic or perceived protected characteristic, this will be refused. This will be challenged appropriately on the grounds that we do not allow those accessing our services to discriminate against staff members, and that discriminatory motivated abuse, bullying or harassment is unacceptable in the Trust.

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**8.6** Whilst guidance has been provided throughout this document, staff, managers and operational leads should be aware that inclusive practice involves collaborative engagement. Agreeing with the person on how they would like to be treated, the terms they would like to use and adjustments they require in the workplace.

**8.7 Supporting Staff with Gender Reassignment or Transition**

Where a staff member declares that they want to be treated in accordance with a gender different from the one they were assigned at birth, including transgender or non-binary identities, they should be treated in line with their declared Gender (or lack thereof).

**8.8** This includes the usage of preferred pronouns, updating their staff records and access to appropriate toilet and changing facilities. The Trust will support this in line with the **Equality Act 2010** and a Gender Recognition Certificate will not be required for this inclusive treatment.

**8.9** Under the Worker Protection (Amendment of Equality Act 2010) Act 2023, Non-Binary and Transgender people are included under the protected characteristic “Gender Reassignment”. Ensuring they are protected from discrimination and harassment.

**8.10 Managers** should ensure that this reflected in the staff member’s support within the Trust, including but not limited to staff records, ID cards, badges and Trust Communications. The manager or supervisor should discuss this with the staff member to identify any key areas of concern and appropriate interventions. Any changes to working conditions or access to facilities (because of the staff member’s transition) should have a collaborative approach between the staff member and their manager.

**8.11 Supporting Service Users with Gender Reassignment or Transition**

Where a service user declares that they would like to be treated in accordance with an identified gender different from the one they were assigned at birth, including but not limited to transgender or non-binary identities, they should be treated in line with their declared Gender (or lack thereof).

**8.12** This includes the usage of preferred pronouns, updating their patient records to reflect this and access to appropriate toilet, accommodation and changing facilities. The Trust will support this in line with the **Equality Act 2010** and a **Gender Recognition Certificate** will not be required for this inclusive treatment.

**8.13** The service providing this care should ensure that this reflected in their patient records, care plan and treatment. Staff will respect this in line with the **Equality Act 2010** and a Gender Recognition Certificate will not be required.

**8.14** In the event that adjustments cannot be made to reflect the accommodations listed in this section, a discussion should be had with the person affected clearly listing the reasons or decision behind this rationale and this should be recorded in the person’s records.

**8.15** The measures listed above shall also be applied to visitors to the Trust, members of the public and carers accessing our services or sites.

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**8.16** Where service users are concerned, guidance should be in line with **CG97 (Clinical Guideline for the Care and Management of Transgender Patients, Adults and Children)**.

**8.17 Supporting Staff with disabilities and long-term conditions.**

Where employees have a disability or long-term condition, the Trust will consider whether it is reasonably practicable to vary and/or adapt work requirements to meet these needs (referred to as “reasonable adjustments”) to ensure this employee is not placed at a disadvantage.

**8.18** The Trust will take any possible steps to not only ensure this employee is not placed at a disadvantage but that they are supported and retained at work in employment with the Trust in a positive way. Where this is not viable, a clear explanation of the decision will be provided to the person affected.

**8.19** Reasonable Adjustments should be agreed and put in place with a Reasonable Adjustments Passport, using the template and guidance in EPUT’s **Employee Well-being, Sickness & Ill-Health Policy (HR26)**.

**8.20** Reasonable Adjustments are also permitted for Staff Carers to mitigate potential disadvantages and support them in their role in the Trust alongside the care of their dependant (cared-for).

**8.21 Supporting Staff Carers**

The Trust will recognise the introduction of the **Carer’s Leave Act (2023)**, a new statutory leave entitlement that grants up to one week of unpaid carer’s leave per year, to employees who are caring for a dependant with a long-term care need.

**8.22** Under the **Carer’s Leave Act (2023)**, a person is a dependant (cared-for) of an employee if they:

- Are a spouse, civil partner, child or parent of the employee
- Live in the same household as the employee, otherwise than by reason of being the employee’s boarder, employee, lodger or tenant
- Reasonably rely on the employee (carer) to provide or arrange care

**8.23** The dependant of an employee is seen by the Trust as having a long-term care need if:

- They have an illness or injury (whether physical or mental) that requires, or is likely to require, care for more than three months
- They have a disability for the purposes of the Equality Act 2010
- They require care for a reason connected with their old age.

**8.24** To be entitled to the provision, employees need to be providing long-term care to a dependent based on the definitions above. This will enable carers to better balance their caring and work responsibilities, supporting them to remain in employment.

- The leave will be able to be taken in half or full days, up to and including taking a block of a whole week of leave at once.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

- The notice period an employee needs to give to take the leave is twice the length of time that needs to be taken in advance of the earliest day of leave.
- An employee does not need to notify their employer in writing regarding their request to take Carer's Leave, although they can do so if they wish to.
- Importantly, employees taking Carer's Leave will have the same employment protections as associated with other forms of family related leave. This includes protection from dismissal or detriment as a result of having taken the leave.

### 8.25 Supporting Spirituality, Religion and Faith (including lack thereof)

Staff should discuss with their line manager if they require time during their shift for prayer and this should be negotiated in a way that ensures they are able to fulfil their role as well as observe their faith in line with EPUT's **Spiritual Care Policy for All Faiths and None (CP14)**.

**8.26** Support is available from EPUT's Chaplaincy Team for staff and service users to ensure a person's spiritual or faith needs are met within EPUT services.

## 9 Sexual Harassment

**9.1** From October 2024 the Worker Protection (Amendment of Equality Act 2010) Bill will strengthen existing protection for workers against harassment. The new law places a duty on employers to take reasonable steps to prevent harassment in all forms.

**9.2** Additions to CP24 have been included to show the Trust's commitment to both the updated Equality Act but also to demonstrate that we as an employer have zero-tolerance to sexual harassment, sexual misconduct or sexually inappropriate behaviour against staff.

**9.3** Sexual harassment may be defined as "unwanted verbal, non-verbal or physical conduct of a sexual nature which has the purpose or effect of violating the recipient's dignity, or of creating an intimidating, hostile, degrading, humiliating or offensive environment for the recipient". Examples include but are not limited to:

- Making sexual remarks about someone's body, clothing or appearance.
- Asking questions about someone's sex life.
- Telling sexually offensive jokes.
- Making sexual comments or jokes about someone's sexual orientation or gender reassignment.
- Displaying sexually graphic pictures, posters or photographs
- Suggestive looks, staring or leering
- Propositions and sexual advances
- Making promises in return for sexual favours
- Sexual gestures
- Intrusive questions about a person's private or sex life or a person discussing their own sex life
- Sexual posts or contact on social media
- Spreading sexual rumours about a person

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
--

- Sending sexually explicit emails or text messages
- Unwelcome touching, hugging, massaging or kissing

**9.4** Managers and teams need to assess of risks relating to sexual harassment. Risk Assessments should identify the risks and the control measures identified to minimise the risks. Factors may include, for example:

- Power imbalances
- Job insecurity, for example, use of zero hours contracts, agency staff or contractors
- Lone working and night working
- Out of hours working
- Travel to different work locations
- Attendance at events outside of the usual working environment, for example, training, conferences or work related social events
- Socialising outside work
- Social media contact between workers

**9.5** The term “Unwanted” (9.3) refers to “unwanted by the worker” and should be considered from the worker’s subjective point of view. Whilst we empower our staff to challenge behaviour that they do not want to experience, it is not necessary for the worker to say that they objected to the conduct for it to be unwanted.

**9.6** An individual can experience unwanted conduct from someone of the same or different sex. Sexual interaction that is invited, mutual or consensual is not sexual harassment because it is not unwanted. However, sexual conduct that has been welcomed in the past can become unwanted.

**9.7** If the harasser’s purpose is to violate the worker’s dignity or to create an intimidating, hostile, degrading, humiliating or offensive environment for them, this will be sufficient to establish harassment. It will not be necessary to look at the effect that conduct has had on the worker. Unwanted conduct will also amount to harassment if it has the effect of violating the worker’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them, even if that was not the intended purpose.

**9.8** EPUT will take reasonable steps to prevent sexual harassment of its employees in the course of their employment at all sites across the Trust. We as a Trust recognise that this is a preventative duty, designed to transform workplace culture by requiring positive and proactive reasonable steps to prevent sexual harassment of our workers. If sexual harassment has taken place, we will take action to stop this from happening again.

**9.9** Management and senior leaders play a critical role in creating respectful workplaces that are free from harassment. They should role model respectful behaviour and visibly promote a positive and inclusive workplace culture where sexual harassment is taken seriously and not tolerated.

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**9.10** Any incident of harassment or victimisation may lead to disciplinary action up to and including dismissal in line with **HR2 Dignity, Respect (Bullying, Harassment and Discrimination) & Grievance policy**

**10 Equality Systems and Processes****10.1 THE NHS EQUALITY DELIVERY SYSTEM (EDS2022 or EDS):**

The Equality Delivery System 2022 (commonly referred to as EDS), implemented by NHS England, is a tool designed to support the NHS in making improvements on equality, diversity, wellbeing and inclusion for the benefit of service users and staff. In addition, it responds to individuals and groups protected by the Equality Act 2010 and supports our organisation in meeting our Public Sector Equality Duties. It focuses on two areas: commissioned or provided services, and workforce health and wellbeing.

**10.2** The EDS is a requirement for NHS provider organisations and is shared with system partners. The EDS is included in the NHS standard contract and organisations use a summary report template to produce and publish a summary of their equality and inclusion implementation. This process involves the collection of evidence since the submission of the previous report on our progress (implementing and embedding equality, inclusion and wellbeing in EPUT). This evidence is then presented to stakeholder volunteers for scoring, and takes place across three domains:

- **Domain One: Commissioned or Provided Services** Led by the Patient Experience Team and graded by patient, careers and volunteers.
- **Domain Two: Workforce Health and Wellbeing** Led by the Employee Experience Team and graded by staff volunteers.
- **Domain Three: Inclusive Leadership** Led by the Employee Experience Team and graded by an independent evaluator, peer reviewer and Trade Union representative.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

### 10.3 THE NHS EDI IMPROVEMENT PLAN (2023)

Launched in June 2023, The improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The NHS EDI Improvement plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- Explains the actions required to make the changes that NHS staff and service users expect and deserve, and who is accountable and responsible for their delivery
- Describes how NHS England will support implementation
- Provides a framework for integrated care boards to produce their own local plans.

**10.4** This plan prioritises the following six high impact actions to address the intersectional impacts of discrimination and bias.

- **High impact action 1:** Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
- **High impact action 2:** Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
- **High impact action 3:** Develop and implement an improvement plan to eliminate pay gaps.
- **High impact action 4:** Develop and implement an improvement plan to address health inequalities within the workforce.
- **High impact action 5:** Implement a comprehensive induction, on-boarding and development programme for internationally recruited staff.
- **High impact action 6:** Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

**10.5** The NHS EDI Improvement Plan and the targets set for the High Impact Actions range from 2023-2025 and serve as our EDI Strategy as a Trust. Implementation is the responsibility of the Executive Team and Senior Responsible Officer for Equality and Inclusion within the organisation, leading these improvements through appropriate service leads.

### 10.6 WORKFORCE RACE EQUALITY STANDARD (WRES)

The WRES was created by NHS England to lead the race equality agenda in the NHS and to challenge organisations to improve their performance in relation to race equality and diversity. The goal of this is for employees from Black, Asian and minority ethnic (BME) backgrounds to have equal access to career opportunities and receive fair treatment in the workplace. Consisting of 10 indicators, it measures the experiences of BME staff within the organisation and compares this to the experiences of their white counterparts.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**10.7** As these reports are submitted on an annual basis, they evolve to best capture the experiences of BME staff across the NHS in comparison to their white counterparts (including Bank Staff in the BWRES and Medical Staff in the MWRES). This data is also submitted to NHS England for use in national reporting.

**10.8** This data is used to collaboratively develop an action plan with the Ethnic Minority and Race Equality Network (EMREN). After approval from the Equality and Inclusion Committee (EIC) and the People, Equality and Culture Committee (PECC), this is then approved by the Executive Team. They are then published on EPUT's website and the staff intranet

### **10.9 WORKFORCE DISABILITY EQUALITY STANDARD (WDES)**

The WDES was created by NHS England to lead the disability equality agenda in the NHS and to challenge organisations to improve their performance in relation to supporting those with disabilities in the workplace. The goal of this is for disabled staff to have equal access to career opportunities and receive fair treatment in the workplace. Consisting of 10 metrics, it measures the experiences of staff with disabilities within the organisation and compares this to the experiences of their non-disabled counterparts. These reports are published online as part of EPUT's wider Public Sector Equality Duty, and are completed collaboratively with the Disability and Mental Health Staff Network in EPUT.

**10.10** As these reports are submitted on an annual basis, they evolve to best capture the experiences of disabled staff across the NHS in comparison to their non-disabled counterparts. This data is also submitted to NHS England for use in their wider WDES.

**10.11** This data is used to collaboratively develop an action plan with the Disability and Mental Health Equality Network. After approval from the Equality and Inclusion Committee (EIC) and the People, Equality and Culture Committee (PECC), this is then approved by the Executive Team. They are then published on EPUT's website and the staff intranet

### **10.12 PAY GAP REPORTING**

It is a statutory obligation for organisations with 250 or more employees to report annually on their pay gap (commonly referred to as the Gender Pay Gap). NHS organisations are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations, which came into force on 31 March 2017.

**10.13** These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their pay gap data by annually, including mean and median gender pay gaps; the mean and median gender bonus gaps.

**10.14** In line with the NHS EDI Improvement Plan (2023), the report will be updated in line with improvement targets to ensure the gap is narrowed year-on-year, and that data is also provided for Race, Disability and all other protected characteristics.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

### 10.15 THE PATIENT AND CARER RACE EQUALITY FRAMEWORK (PCREF)

This mandatory NHS England framework will support trusts and providers on their journeys to becoming actively anti-racist organisations by ensuring that they are responsible for co-producing and implementing concrete actions to reduce racial inequalities within their services. It will become part of Care Quality Commission (CQC) inspections. The PCREF will support improvement in three main domains:

- **Leadership and governance:** Trust Board will lead on establishing and monitoring concrete plans of action to reduce health inequalities
- **Data:** EPUT will publish PCREF data on improvements in reducing health inequalities, as well as details on ethnicity in all existing core data sets.
- **Feedback mechanisms:** Visible and effective ways for service users and carers to feedback will be established, as well as clear processes to act and report on that feedback.

**10.16** EPUT will work with service users with lived experience based on guidance and best practice provided by NHS England, and will publish this data in line with the Public Sector Equality Duty (PSED).

## 11 Training requirements

### 11.1 TRAINING AND DEVELOPMENT

All staff members should have an understanding of equality and inclusion as part of their training and personal development and will be encouraged to do so by the Trust, including but not limited to:

- Proper conduct and behaving in an inclusive manner in line with EPUT's behavioural framework
- Unconscious Bias and how this can impact their decision making
- Challenging and reporting discrimination and inequality
- Raising concerns of discrimination within the Trust, and supporting those impacted

**11.2** Additional training and resources for equality and inclusion are available for those who manage staff as part of EPUT's Management Development Programme (MDP). This should be requested from the Workforce Development and Training team.

**11.3** A de-bias toolkit for equality and inclusion is available for hiring managers or any EPUT staff member who is present on an interview panel. This should be requested from the Recruitment team in the Trust.

**11.4** Staff should be encouraged to raise any training need with their line manager or supervisor if they are unaware on how to best support a colleague or service user from a marginalised community.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**11.5** Staff can access the EDI Training Hub available on the Staff Intranet for useful resources.

## 12 Monitoring and audit

**12.1** The Equality and Inclusion Committee is a committee with responsibilities to:

- Ensure that the Trust remains compliant with Public Sector Equality duties, including updating on key reports including the WRES, WDES and PCREF
- Provide assurance and support in respect of compliance and delivery of the Equality Delivery System (EDS Framework) and actions developed in response to reported EDI data and trends.
- The EDS provides the Trust with a framework to monitoring our progress on our PSED.

**12.2** The EIC is chaired by an Executive Director and the Senior Responsible Officer for Inclusion.

**12.3** This committee should be held in line with its Terms of Reference.

**12.4** The EIC meets bi-monthly to monitor and update equality and inclusion projects and mandatory reporting requirements, the EIC is responsible for ensuring that the Trust delivers on our Public Sector Equality duties, and our mandatory reporting and publication requirements, as outlined above.

**12.5** The Equality and Inclusion Committee has responsibility for overseeing the implementation of the Equality, Inclusion and Human Rights Policy and associated procedure.

**12.6** The committee will ensure that the People, Equality and Culture Committee (PECC) is kept informed of any issues or significant risks through attendance by the senior responsible officer.

**12.7** The Trust through its approved governance structure and arrangements will receive a range of reports detailing complaints, compliments and serious incidents and will challenge these for evidence of any actual or potential non-compliance with the Human Rights Act (1998) or Equality Act (2010).

**12.8** The Equality Delivery System (EDS2022), WRES, WDES and NHS Improvement Plan will steer the wider People and Culture work plan that will be monitored by the Trust's SRO for Equality and Inclusion, and will be one of the main focuses of the Equality and Inclusion Committee (EIC).

**12.9** The Trust will continue to be transparent and report on disciplinary, grievance and harassment rates in conjunction with regulatory requirements.

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

- 12.10** In order to meet the requirements of the Public Sector Equality Duty and to assess the effectiveness of its strategies and actions, the Trust will maintain, analyse and publish the following information for staff:
- Gender, age, disability, sexual orientation, religion or belief and ethnic origin of job applicants, short-listed candidates and existing and new employees and their deployment within the Trust.
  - Details of selection, decisions for recruitment, redeployment, promotion, transfer and training and reasons for these decisions.
  - The Trust will maintain, analyse and publish anonymous/statistical information on the protected characteristics of service users/carers.
- 12.11** Reviewing current progress against statistical tools available (Including Staff Survey scores, the NHS Friends and Family Test for service users and carers, the WDES and the WRES) will be used for measuring the achievement of the Trust in comparison to the Public Sector Duty, and effectiveness of the Trust's Equality and Inclusion Committee.
- 12.12** Where information is collated in line with the Equality, Inclusion and Human Rights Policy, it will be published using established communication mechanisms in line with the Trust Data Protection and Confidentiality Policy (CP59).
- 12.13** EPUT as an organisation will use systems that are aligned with NHS England's Digital Datasets and the Office of National Statistics (ONS) demographic information. Guidance on how this data is collected and categorised is available on EPUT's ["Recording and Monitoring Demographic Data"](#) page on the EDI Training Hub.

## 13 Equality Impact Assessment (EIA)

- 13.1** An Equality Impact Assessment (EIA) is a process designed to ensure that a policy, project, service development or scheme does not discriminate against any disadvantaged or vulnerable people. A copy of the template for use within the Trust is available via APPENDIX 1
- 13.2** The Trust strongly believes that Equality Impact Assessment processes improve and promote equality and inclusion and therefore should be standard practice in everything that we do. Staff are required to undertake an initial Equality Impact Assessment (EIA) when developing any new Trust policy, service or function.
- 13.3** The initial screening assessment will need to be approved by the EPUT Equality and Inclusion Sub-Committee. Authors of new policies, services or functions must gauge their impact on the nine protected characteristic groups under the Equality Act (2010).
- 13.4** Templates together with guidance have been developed to enable staff to undertake either EIA screening See Appendix 1. This also links to the Quality Impact Assessment process which is completed for all Cost Improvement Programmes. The Trust is required to reference Equality Impact Assessments within the Annual Governance

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Statement signed off by the Chief Executive Officer as part of NHSI Annual Reporting Requirements.

- 13.5** An initial EIA will be developed for any new policy, service or function within the Trust. If concerns of positive or negative impacts on marginalised groups are identified by the Equality and Inclusion Committee. The full EIA will ensure that these are taken into account with actions to or negate these.
- 13.6** The lead assessor is responsible for ensuring these actions are incorporated into the departmental plan, and it is the responsibility of the assessor to notify their Director and any nominated staff members of these actions.
- 13.7** An EIA should form part of any new policy, event or funding activity and be factored in as early as one would for other considerations such as risk, budget or health and safety. Actions proposed as part of an Equality Impact Assessment to address inequalities or negative impacts are the responsibility of the senior lead or supervisor for the policy, service or function.

## 14 Staff Equality Networks

- 14.1** There are five Staff Equality Networks within the Trust; these Networks are created based on Staff feedback. They work in conjunction with existing staff functions including Employee Relations, Chaplaincy, Communications and the Equality and Inclusion Committee. At present, EPUT has the following Staff Equality Networks.
- Ethnic Minority and Race Equality Network (*EMREN*)
  - Disability and Mental Health (*including neurodiversity and long-term conditions*)
  - Faith and Spirituality (*including a lack of faith or philosophical belief system*)
  - Lesbian, Gay, Bi, Trans and any other sexuality or gender identity group (*LGBTQ+*)
  - Gender Equality Network
- 14.2** The role of these Networks is dictated by their own Terms of Reference (TOR), which is reviewed on an annual basis by the management team of the Network and agreed by the wider membership. Whilst each Network has their own individual priorities that are updated on a regular basis, their overall responsibilities include:
- Discussing and creating actions to improve staff experience for their represented group
  - Raising awareness of Equality and Inclusion for their represented group
  - Allowing all staff members to attend and share their lived experience and feedback, also providing advice and signposting if required
  - Documenting their actions and the progress made in achieving goals set by the membership.
  - The Chair will attend the Equality and Inclusion Committee and provide feedback on behalf of their Network

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

- Members of the management team will attend Equality and Inclusion events where appropriate

**14.3** Each Network will be assigned at least one Executive Sponsor (a senior member of the Trust executive board acting as an ally to the Network), who visibly supports, listens and champions the Staff Equality Networks across the Trust as well as supporting them in sharing their lived experiences.

**14.4** The benefit of the sponsor is to build positive working relationships by linking directly with network members using their connections and knowledge to support the network in delivering great events, widening membership and inspiring staff across Trust.

**14.5** The Executive Sponsor will endeavour to:

- Attend bi-monthly meetings to support the Chair in driving discussion around topics on the agenda
- Gain validation and approval for their network as an essential function of the Trust
- Drive the vision for the network, including commitment to delivery of key actions for the network they represent
- Support the monitoring of project progress at a strategic level, ensuring alignment with business plans and strategy within the organisation
- Champion the causes of the Network, providing a key interface to other business areas to ensure there is buy-in at all levels of the Trust
- Facilitate in the removal of 'blockages' experienced by the network in the delivery of actions
- Approves relevant project documentation (such as policies or procedures reviewed by the Network)
- Approves formal project closure / sign off

## 15 Approval and implementation

**15.1** All equality and inclusion related policies, procedures and guidelines will be approved by the (Equality and Inclusion Committee), which is the specialist group with the authority to approve local EDI documents. These will then be forwarded to the Policy team for submission and ratification by the Policy Oversight and Ratification Group.

**15.2** It is the author's responsibility to inform the Equality & Inclusion Committee of the approved documents when they are uploaded to the Trust's Intranet.

## 16 Preliminary equality analysis

**16.1** The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. An Equality Impact Assessment has been completed for this combined policy and procedure.

(Refer to Appendix 2)

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST****17 References****Acts of Parliament (UK Statutes):**

*Equality Act 2010, c.15* Available at:

<https://www.legislation.gov.uk/ukpga/2010/15/contents> [Accessed 31/01/2024]

*Worker Protection (Amendment of Equality Act 2010) Act 2023, c.51* Available at:

<https://www.legislation.gov.uk/ukpga/2023/51/contents> [Accessed 02/10/2024]

*Public Sector Equality Duty*, as part of the Equality Act (2010), c.1. Available at:

<https://www.legislation.gov.uk/ukpga/2010/15/section/149> [Accessed 31/01/2024]

*Human Rights Act 1990, c. 42.* Available at:

<https://www.legislation.gov.uk/ukpga/1998/42/contents> [Accessed 31/01/2024]

*Care Act 2014, c. 23.* Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents> [Accessed 31/01/2024]

*Carer's Leave Act 2023 c18.* Available at:

<https://www.legislation.gov.uk/ukpga/2023/18/enacted> [Accessed 08/02/2024]

*Equality Delivery System (EDS2022)*, Available at:

<https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/contents> [Accessed 31/03/2024]

*Workforce Disability Equality Standard (WDES)*. Available at:

<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/> [Accessed: 31/01/2024].

*Workforce Race Equality Standard (WRES)*. Available at:

<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/> [Accessed: 31/01/2024].

*NHS equality, diversity and inclusion (EDI) improvement plan.* Available at:

<https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/> [Accessed: 31/01/2024].

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**Appendix 1: Equality Impact Assessment**

[Saved as a separate form for ease of printing. Click HERE to open](#)

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
--

**Appendix 2: Initial Equality Impact Assessment analysis**

**This assessment relates to: CP24 Equality, Inclusion & Human Rights Policy**

(Please tick all that apply)

Link to Full Equality Impact Assessment can be found in InPut [Here](#):

Does this Policy/Service/Function effect one group less or more favourably than another on the basis of:	Yes / No	What / where is the evidence / reasoning to suggest this?
<b>Race, Ethnic Origins, Nationality</b> (including traveling communities)	Yes	Improvements made to guidance for supporting staff members affected by racism or discriminatory abuse, bullying or harassment. Clear guidance to empower staff to challenge these incidents and seek support from their managers
<b>Sex</b> (Based on Biological Sex; Male, Female or Intersex)	No	No new additions but the wider policy promotes inclusion of all protected characteristic groups.
<b>Age</b>	No	No new additions but the wider policy promotes inclusion of all protected characteristic groups.
<b>Sexual Orientation</b> Including the LGBTQ+ Community	Yes	Improvements made to guidance for supporting staff members and service users considering transition within our services, or who already identify as transgender / non-binary / genderfluid
<b>People who are Married or are in a Civil Partnership</b>	No	No new additions but the wider policy promotes inclusion of all protected characteristic groups.
<b>People who are Pregnant or are on Maternity / Paternity Leave</b>	No	No new additions for pregnancy or maternity, but the wider policy promotes beneficial inclusion of all protected characteristic groups.
<b>People who are Transgender / who have had gender reassignment treatments</b> As well as gender minority groups	Yes	Improvements made to guidance for supporting staff members and service users considering transition within our services, or who already identify as transgender / non-binary / genderfluid

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

Does this Policy/Service/Function effect one group less or more favourably than another on the basis of:	Yes / No	What / where is the evidence / reasoning to suggest this?
<b>Religion, Belief or Culture</b> Including an absence of belief	No	No new additions for religion, belief or culture, but the wider policy promotes beneficial inclusion of all protected characteristic groups.
<b>Disability / Mental, Neurological or Physical health conditions</b> Including Learning Disabilities	No	Improved guidance on Reasonable Adjustments policy and procedure and responsibility of manager or supervisor to facilitate this.
<b>Other Marginalised or Minority Groups</b> Carers, Low Income Families, people without a fixed abode or currently living in sheltered accommodation.	No	No new additions for other marginalised groups, but the wider policy promotes beneficial inclusion of all protected characteristic groups.

**Guidance on Completing this Document**

This screening tool asks for evidence to ensure that these considerations are done in collaboration with groups that may be affected. Listed below are the ways that this evidence can be gathered to support this decision:

- Reviews with Staff who may be impacted by these changes
- Service User / Carer feedback or focus groups
- Guidance from national organisations (CQC / NHS Employers)
- The Equality and Inclusion Hub (on the Staff Intranet)
- Input from Staff Equality Networks or the Equality Advisor
- Reviewing this against good practice in other NHS Trust

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

Initial Screening Question	Response
If you have identified no negative impacts, then please explain how you reached that decision. please provide / attach reference to any reasoning or evidence that supports this: (Nature of policy, service or function, reviews, surveys, feedback, service user or staff data)	
Is there a need for additional consultation? (Such as with external organisations, operational leads, patients, carers or voluntary sector)	
Can we reduce any negative impacts by taking different actions or by making accommodations to this proposed Policy / Service / Function?	
Is there any way any positive impacts to certain communities could be built upon or improved to benefit all protected characteristic groups?	
If you have identified any negative impacts, are there reasons why these are valid, legal and/or justifiable?	

**Please complete this document and send a copy to EPUT’s Compliance, Assurance & Risk Assistant / Trust Policy Controller) at [epunft.risk@nhs.net](mailto:epunft.risk@nhs.net) as part of the Approval Process, if this proposal / policy etc. has no positive or negative impacts on protected characteristic groups, a Full Equality Impact Assessment will not need to be completed**

To be completed by the Trust Policy Controller				
<b>Is a Full Equality Impact Assessment Required for this Policy, Service or Function?</b>			<b>Yes</b>	<b>No</b>
<b>Name:</b>				
<b>Date:</b>				